24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Southern Conservatives Fund, Inc.	C C00560763
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayaya
Full Name of Payee Media Ad Ventures	Date of Public Distribution/Dissemination
	05 09 2014
Mailing Address 8136 Old Keene Mill Rd Suite A-300	Amount
City State Zip Code	60000.00
Springfield VA 22152	Transaction ID : SE.4116 Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising Category/ Type 004	05 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District:
Jack Kingston Oppose	President State: GA
Calendar Year-To-Date Per Election for Office Sought Disk 2014	oursement For: Primary General Other (specify)
Full Name of Payee Strategic Partners Media	Date of Public Distribution/Dissemination
	05 09 Y Y Y Y Y Y
Mailing Address 222 Severn Avenue	Amount
Bldg 7-3A City State Zip Code	17000.00
Annapolis MD 21409	Transaction ID : SE.4117 Date of Disbursement or Obligation
Purpose of Expenditure Television Production Category/ Type 004	05 / 08 / 2014
Name of Federal Candidate Support Office	ce Sought: House District:
Jack Kingston Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	77000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	77000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	